

# CHICOPEE PLANNING BOARD

## Application for Approval of a Definitive Site Plan

Case # \_\_\_\_\_

To the Planning Board of the City of Chicopee, Massachusetts. (Applicant must fill out everything below this line)

\_\_\_\_\_  
Date of Application Submittal

The undersigned, being the applicant as defined under Chapter 41, Section 81L, for approval of a proposed **SITE PLAN** entitled:

**Designed by:** \_\_\_\_\_ **Dated:** \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

**Telephone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**Applicant:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

**Telephone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**Project location:** \_\_\_\_\_

**Total acreage of tract:** \_\_\_\_\_

**Project description:** \_\_\_\_\_

**Assessor Map #** \_\_\_\_\_

**Parcel #** \_\_\_\_\_

I hereby submit said plan as a **DEFINITIVE SITE PLAN** in accordance with the Rules & Regulations of the Chicopee Planning Board and makes application to the Board for approval of said plan.

The undersigned's title to said land is derived from: \_\_\_\_\_ by deed **DATED** \_\_\_\_\_ and recorded in the Hampden County District Registry of Deeds **BOOK** \_\_\_\_\_, **PAGE** \_\_\_\_\_, registered in the Hampden County Registry District of the Land Court, **CERTIFICATE OF TITLE NUMBER:** \_\_\_\_\_; and said land is free of encumbrances except for the following: \_\_\_\_\_

Said plan has evolved from a Preliminary Plan submitted to the Board on \_\_\_\_\_, and approved \_\_\_\_, approved with conditions\_\_\_\_, on \_\_\_\_\_.

The undersigned hereby applied for the approval of said **DEFINITIVE** plan by the Board, in belief that the plan conforms to the Board's Rules & Regulations.

**Applicant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

***NOTE:** If applicant is not the property owner, please fill out owner information on following page.*

Property Owner Information:

Name		
Street Address		
City	State	Zip

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Owner's Signature: \_\_\_\_\_

Date: \_\_\_\_\_